

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Erickson, Lee</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Erickson, Sandra</b>			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>6623</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>0868</b>			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1002 Deer Run Trail</b> <b>Sandwich, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>1002 Deer Run Trail</b> <b>Sandwich, IL</b>			
<div style="text-align: right;">ZIPCODE <b>60548</b></div>				<div style="text-align: right;">ZIPCODE <b>60548</b></div>			
County of Residence or of the Principal Place of Business: <b>DeKalb</b>				County of Residence or of the Principal Place of Business: <b>DeKalb</b>			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
<div style="text-align: right;">ZIPCODE</div>				<div style="text-align: right;">ZIPCODE</div>			
Location of Principal Assets of Business Debtor (if different from street address above):							
<div style="text-align: right;">ZIPCODE</div>							
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which  the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9      Recognition of a Foreign <input type="checkbox"/> Chapter 11      Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13      Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer <input type="checkbox"/> Debts are primarily debts, defined in 11 U.S.C.      business debts. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose."			
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Erickson, Lee &amp; Erickson, Sandra</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <b>X /s/ C David Ward</b> <b>11/09/15</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord that obtained judgment)  _____ (Address of landlord)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Erickson, Lee & Erickson, Sandra**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Lee Erickson

Signature of Debtor

**Lee Erickson**

X /s/ Sandra Erickson

Signature of Joint Debtor

**Sandra Erickson**

Telephone Number (If not represented by attorney)

**November 9, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

X /s/ C David Ward

Signature of Attorney for Debtor(s)

**C David Ward 2938065**

**C. David Ward**

**1480 N. Orchard Rd. Ste. 110**

**Aurora, IL 60506**

**(630) 585-3164 Fax: (630) 551-7131**

**cdward1945@yahoo.com**

**November 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Case No. \_\_\_\_\_

Erickson, Lee &amp; Erickson, Sandra

Chapter 7

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 8,358.39		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 5,200.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		\$ 65,781.74	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,152.69
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 2,070.00
TOTAL		20	\$ 8,358.39	\$ 70,981.74	

IN RE:

Case No. \_\_\_\_\_

Erickson, Lee &amp; Erickson, Sandra

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ 2,152.69
Average Expenses (from Schedule J, Line 22)	\$ 2,070.00
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ 1,476.65

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 2,900.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 65,781.74
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 68,681.74



SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand.	J	20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank checking account.	J	625.00
		First National Bank savings account.	J	3,913.39
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods and furnishings.	J	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel.	J	500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Erickson, Lee &amp; Erickson, Sandra

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2001 Lincoln Navigator</b>	<b>J</b>	<b>2,300.00</b>
		<b>2004 Ford F150 truck. Not in working condition. Scrap value only.</b>	<b>J</b>	<b>500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			



SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				8,358.39

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IN RE Erickson, Lee &amp; Erickson, Sandra

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on hand.	735 ILCS 5/12-1001(b)	20.00	20.00
Chase Bank checking account.	735 ILCS 5/12-1001(b)	625.00	625.00
First National Bank savings account.	735 ILCS 5/12-1001(b)	3,913.39	3,913.39
Household goods and furnishings.	735 ILCS 5/12-1001(b)	500.00	500.00
Wearing apparel.	20 ILCS 1805/10	500.00	500.00
2001 Lincoln Navigator	735 ILCS 5/12-1001(c)	2,060.00	2,300.00
2004 Ford F150 truck. Not in working condition. Scrap value only.	735 ILCS 5/12-1001(c)	500.00	500.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.  <b>R J Motors</b> <b>511 US 34</b> <b>Plano, IL 60545</b>	<b>J</b>	<b>car loan for 2001 Lincoln Navigator</b>   <b>VALUE \$ 2,300.00</b>	<b>X</b>			<b>5,200.00</b>	<b>2,900.00</b>
ACCOUNT NO.  		   <b>VALUE \$</b>					
ACCOUNT NO.  		   <b>VALUE \$</b>					
ACCOUNT NO.  		   <b>VALUE \$</b>					
<div> <div>0 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ <b>5,200.00</b>	\$ <b>2,900.00</b>
<div> <div>Total (Use only on last page)</div> </div>						\$ <b>5,200.00</b>	\$ <b>2,900.00</b>

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5700 A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010	H	OPEN ACCOUNT OPENED 0/ collections for Complete Sanitation LLC		X		150.00
ACCOUNT NO. Afni, Inc. 1310 MLK Drive PO Box 3517 Bloomington, IL 61702-3517	J	collections for Dish Network		X		689.93
ACCOUNT NO. ARC DeKalb LLC 520 E. 22nd St. Lombard, IL 60148	J	unscured credit		X		106.00
ACCOUNT NO. ARM PO Box 561 Thorofare, NJ 08086-0561	J	collections for Lehan's Home Medical		X		66.51
Subtotal (Total of this page)						\$ 1,012.44
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

5 continuation sheets attached

IN RE Erickson, Lee & Erickson, Sandra

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Asset Acceptance LLC</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>	<b>J</b>	<b>judgment entered, DeKalb County, unsecured credit</b>		<b>X</b>		<b>1,450.00</b>
ACCOUNT NO. <b>City Of Sandwich</b> <b>144 E. Railroad St.</b> <b>Sandwich, IL 60548</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>250.00</b>
ACCOUNT NO. <b>Commonwealth Edison</b> <b>PO Box 6111</b> <b>Carol Stream, IL 60197-6111</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>1,600.00</b>
ACCOUNT NO. <b>Community Disposal Of Sandwich</b> <b>2175 Griswold Springs Rd.</b> <b>Sandwich, IL 60548</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>200.00</b>
ACCOUNT NO. <b>0867</b> <b>Convergent Outsourcing</b> <b>800 Sw 39th St</b> <b>Renton, WA 98057</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2014 collections for Sprint</b>		<b>X</b>		<b>514.00</b>
ACCOUNT NO. <b>5758</b> <b>Convergent Outsourcing</b> <b>800 Sw 39th St</b> <b>Renton, WA 98057</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 7/2014 collections for Comcast</b>		<b>X</b>		<b>548.00</b>
ACCOUNT NO. <b>0365</b> <b>Credit Coll</b> <b>Po Box 9134</b> <b>Needham, MA 02494</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 0/ collections for Progressive Ins.</b>				<b>148.00</b>

Sheet no. 1 of 5 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **4,710.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Erickson, Lee &amp; Erickson, Sandra

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9498</b> <b>Credit Coll</b> <b>Po Box 9134</b> <b>Needham, MA 02494</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>100.00</b>
ACCOUNT NO. <b>Credit Protection Assoc.</b> <b>13355 Noel Rd.</b> <b>Dallas, TX 75240</b>	<b>J</b>	<b>collections for Commonwealth Edison Company</b>		<b>X</b>		<b>521.08</b>
ACCOUNT NO. <b>ious</b> <b>Creditors Collection Bureau, Inc.</b> <b>PO Box 63</b> <b>Kankakee, IL 60901-0063</b>	<b>J</b>	<b>collections for Elgin Lab Physicians</b>		<b>X</b>		<b>unknown</b>
ACCOUNT NO. <b>Farmers State Bank Of Somonauk</b> <b>128 S. Depot St.</b> <b>Somonauk, IL 60552</b>	<b>J</b>	<b>Judgment entered. unsecured credit</b>		<b>X</b>		<b>651.00</b>
ACCOUNT NO. <b>2089</b> <b>Firstbkde/cf</b> <b>1000 Rock Run Parkway</b> <b>Wilmington, DE 19801</b>	<b>H</b>	<b>REVOLVING ACCOUNT OPENED 6/2008</b>		<b>X</b>		<b>270.00</b>
ACCOUNT NO. <b>5120</b> <b>Frontier Communication</b> <b>19 John St</b> <b>Middletown, NY 10940</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 7/2012</b>				<b>459.00</b>
ACCOUNT NO. <b>Gartner Buick Inc.</b> <b>4333 Ogden Ave.</b> <b>Aurora, IL 60504</b>	<b>J</b>	<b>judgment entered Kane County, IL unsecured credit</b>		<b>X</b>		<b>3,106.00</b>

Sheet no. 2 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,107.08**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Erickson, Lee &amp; Erickson, Sandra

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9516  Horizon Fin 8585 Broadway #88 Merrillville, IN 46410	H	OPEN ACCOUNT OPENED 0/				1,950.00
ACCOUNT NO. 9162  Horizon Fin 9980 Georgia St. Crown Point, IN 46307-6520	H	OPEN ACCOUNT OPENED 0/ Collections for Valley West Hospital		X		985.00
ACCOUNT NO. 8798  Horizon Fin 8585 Broadway #88 Merrillville, IN 46410	H	OPEN ACCOUNT OPENED 0/				558.00
ACCOUNT NO.  Kishwaukee Cardiology Assoc 2530 Hauser Ross Dr, Ste 100 Sycamore, IL 60178-3147	J	medical services		X		233.00
ACCOUNT NO.  Kishwaukee Health System 224 E. Railroad St. Sandwich, IL 60548	J	medical services		X		125.00
ACCOUNT NO. 2334  Lvnv Funding Llc Po Box 10497 Greenville, SC 29603	H	OPEN ACCOUNT OPENED 10/2009				983.00
ACCOUNT NO.  Allied Interstate LLC P. O. Box 4000 Warrenton, VA 20188		Assignee or other notification for: Lvnv Funding Llc				

Sheet no. 3 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,834.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Erickson, Lee & Erickson, Sandra

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Vital Recovery Services</b> <b>PO Box 923748</b> <b>Peachtree Corners, GA 30010-3748</b>		<b>Assignee or other notification for:</b> <b>Lvnv Funding Llc</b>				
ACCOUNT NO. <b>Medicredit, Inc.</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>	<b>J</b>	<b>collections for Aurora Radiology Consultants-</b> <b>DeKalb</b>		<b>X</b>		<b>106.00</b>
ACCOUNT NO. <b>Natiional Trust &amp; Savings Bank</b> <b>321 E. Church St.</b> <b>Sandwich, IL 60548</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>1,000.00</b>
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>PO Box 17218 Dept 806</b> <b>Wilmington, DE 19850</b>	<b>J</b>	<b>collections for Nicor</b>		<b>X</b>		<b>686.22</b>
ACCOUNT NO. <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>1,500.00</b>
ACCOUNT NO. <b>Old Second National Bank</b> <b>7080 Burroughs Ave.</b> <b>Sandwich, IL 60548</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>1,500.00</b>
ACCOUNT NO. <b>Pathology Physician Services Ltd.</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148-6110</b>	<b>J</b>	<b>medical services</b>		<b>X</b>		<b>99.00</b>

Sheet no. **4** of **5** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **4,891.22**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Erickson, Lee & Erickson, Sandra

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2524</b> <b>Tek Collect</b> <b>871 Park St</b> <b>Columbus, OH 43215</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>791.00</b>
ACCOUNT NO. <b>2124</b> <b>Tek-collect Inc</b> <b>871 Park St</b> <b>Columbus, OH 43215</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 3/2012</b>				<b>536.00</b>
ACCOUNT NO. <b>ious</b> <b>Valley West Hospital</b> <b>P. O. Box 739</b> <b>Moline, IL 61266-0739</b>	<b>J</b>	<b>medical services</b>		<b>X</b>		<b>40,000.00</b>
ACCOUNT NO. <b>Valley West Medical Center</b> <b>1200 W. South St.</b> <b>Plano, IL 60545-1790</b>	<b>J</b>	<b>medical services</b>		<b>X</b>		<b>2,200.00</b>
ACCOUNT NO. <b>Verizon Wireless</b> <b>PO Box 4002</b> <b>Acworth, GA 30101</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>1,550.00</b>
ACCOUNT NO. <b>Waste Management</b> <b>PO Box 4647</b> <b>Carol Stream, IL 60197-4647</b>	<b>J</b>	<b>unsecured credit</b>		<b>X</b>		<b>150.00</b>
ACCOUNT NO.						

Sheet no. **5** of **5** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **45,227.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$ **65,781.74**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1 **Lee Erickson**  
First Name Middle Name Last Name

Debtor 2 **Sandra Erickson**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☐ Employed  
☒ Not employed

☒ Employed  
☐ Not employed

**Occupation**

Cashier

**Employer's name**

Walgreen's

**Employer's address**

200 Wilnot Rd.  
Number Street

City State ZIP Code

Deerfield, IL 60015-0000  
City State ZIP Code

How long employed there? \_\_\_\_\_

3 years

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 1,476.65
3. <b>Estimate and list monthly overtime pay.</b>	+\$ 0.00	+\$ 0.00
4. <b>Calculate gross income.</b> Add line 2 + line 3.	\$ 0.00	\$ 1,476.65

Debtor 1

**Lee Erickson**

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 0.00	\$ 1,476.65	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ 318.96	
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00	
5e. Insurance	\$ 0.00	\$ 0.00	
5f. Domestic support obligations	\$ 0.00	\$ 0.00	
5g. Union dues	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	+\$ 0.00	+\$ 0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$ 0.00	\$ 318.96	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ 1,157.69	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00	
8b. Interest and dividends	\$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00	
8d. Unemployment compensation	\$ 0.00	\$ 0.00	
8e. Social Security	\$ 995.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00	
8g. Pension or retirement income	\$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: _____	+\$ 0.00	+\$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$ 995.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 995.00	\$ 1,157.69	= \$ 2,152.69
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			12. \$ 2,152.69 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 2px;">None</span>			

**Fill in this information to identify your case:**

Debtor 1 Lee Erickson  
First Name Middle Name Last Name

Debtor 2 Sandra Erickson  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

☒ No

☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 600.00

**If not included in line 4:**

4a. Real estate taxes 4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1

**Lee Erickson**

First Name

Middle Name

Last Name

Case number (if known)

**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ **0.00**

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ **0.00**

6b. Water, sewer, garbage collection

6b. \$ **0.00**

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ **100.00**

6d. Other. Specify: \_\_\_\_\_

6d. \$ **0.00**

7. **Food and housekeeping supplies**

7. \$ **550.00**

8. **Childcare and children's education costs**

8. \$ **0.00**

9. **Clothing, laundry, and dry cleaning**

9. \$ **150.00**

10. **Personal care products and services**

10. \$ **100.00**

11. **Medical and dental expenses**

11. \$ **120.00**

12. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ **250.00**

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **100.00**

14. **Charitable contributions and religious donations**

14. \$ **0.00**

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ **0.00**

15b. Health insurance

15b. \$ **0.00**

15c. Vehicle insurance

15c. \$ **100.00**

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ **0.00**

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ **0.00**

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ **0.00**

17b. Car payments for Vehicle 2

17b. \$ **0.00**

17c. Other. Specify: \_\_\_\_\_

17c. \$ **0.00**

17d. Other. Specify: \_\_\_\_\_

17d. \$ **0.00**

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ **0.00**

19. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

\$ **0.00**

19.

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ **0.00**

20b. Real estate taxes

20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance

20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses

20d. \$ **0.00**

20e. Homeowner's association or condominium dues

20e. \$ **0.00**



Debtor 1

**Lee Erickson**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: \_\_\_\_\_

21. **+\$ 0.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 2,070.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 2,152.69**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 2,070.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 82.69**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Erickson, Lee  
1002 Deer Run Trail  
Sandwich, IL 60548

Commonwealth Edison  
PO Box 6111  
Carol Stream, IL 60197-6111

Horizon Fin  
8585 Broadway #88  
Merrillville, IN 46410

Erickson, Sandra  
1002 Deer Run Trail  
Sandwich, IL 60548

Community Disposal Of Sandwich  
2175 Griswold Springs Rd.  
Sandwich, IL 60548

Horizon Fin  
9980 Georgia St.  
Crown Point, IN 46307-6520

C. David Ward  
1480 N. Orchard Rd. Ste. 110  
Aurora, IL 60506

Convergent Outsourcing  
800 Sw 39th St  
Renton, WA 98057

Kishwaukee Cardiology Assoc  
2530 Hauser Ross Dr, Ste 100  
Sycamore, IL 60178-3147

A/r Concepts  
18-3 E Dundee Rd  
Barrington, IL 60010

Credit Coll  
Po Box 9134  
Needham, MA 02494

Kishwaukee Health System  
224 E. Railroad St.  
Sandwich, IL 60548

Afni, Inc.  
1310 MLK Drive PO Box 3517  
Bloomington, IL 61702-3517

Credit Protection Assoc.  
13355 Noel Rd.  
Dallas, TX 75240

Lvnv Funding Llc  
Po Box 10497  
Greenville, SC 29603

Allied Interstate LLC  
P. O. Box 4000  
Warrenton, VA 20188

Creditors Collection Bureau, Inc.  
PO Box 63  
Kankakee, IL 60901-0063

Medicredit, Inc.  
PO Box 1022  
Wixom, MI 48393-1022

ARC DeKalb LLC  
520 E. 22nd St.  
Lombard, IL 60148

Farmers State Bank Of Somonauk  
128 S. Depot St.  
Somonauk, IL 60552

Natiional Trust & Savings Bank  
321 E. Church St.  
Sandwich, IL 60548

ARM  
PO Box 561  
Thorofare, NJ 08086-0561

Firstbkde/cf  
1000 Rock Run Parkway  
Wilmington, DE 19801

NCO Financial Systems, Inc.  
PO Box 17218 Dept 806  
Wilmington, DE 19850

Asset Acceptance LLC  
PO Box 2036  
Warren, MI 48090-2036

Frontier Communication  
19 John St  
Middletown, NY 10940

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

City Of Sandwich  
144 E. Railroad St.  
Sandwich, IL 60548

Gartner Buick Inc.  
4333 Ogden Ave.  
Aurora, IL 60504

Old Second National Bank  
7080 Burroughs Ave.  
Sandwich, IL 60548

Pathology Physician Services Ltd.  
520 E. 22nd St.  
Lombard, IL 60148-6110

R J Motors  
511 US 34  
Plano, IL 60545

Tek Collect  
871 Park St  
Columbus, OH 43215

Tek-collect Inc  
871 Park St  
Columbus, OH 43215

Valley West Hospital  
P. O. Box 739  
Moline, IL 61266-0739

Valley West Medical Center  
1200 W. South St.  
Plano, IL 60545-1790

Verizon Wireless  
PO Box 4002  
Acworth, GA 30101

Vital Recovery Services  
PO Box 923748  
Peachtree Corners, GA 30010-3748

Waste Management  
PO Box 4647  
Carol Stream, IL 60197-4647